

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001441

FILED
Mar 31, 2004
Secretary of State

Entity Name: CHILD HEALTH CORPORATION OF AMERICA

Current Principal Place of Business:

6803 WEST 64TH STREET, #208
SHAWNEE MISSION, KS 66202

New Principal Place of Business:

Current Mailing Address:

6803 WEST 64TH STREET, #208
SHAWNEE MISSION, KS 66202

New Mailing Address:

FEI Number: 52-1421302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: TOLMAN, RUSSELL
Address: 801 SEVENTH AVE.
City-St-Zip: FORT WORTH, TX 76104

Title: PD () Delete
Name: BLACK, DON C
Address: 6803 WEST 64TH STREET, #208
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: VCFO () Delete
Name: FISCHER, CRAIG F
Address: 6803 WEST 64TH STREET, #208
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: D () Delete
Name: NOCE, WALTER
Address: 4650 SUNSET BLVD.
City-St-Zip: LOS ANGELES, CA 90027

Title: D () Delete
Name: MAGOON, PATRICK
Address: 2300CHILDRENS PLAZA
City-St-Zip: CHICAGO, IL 60614

Title: D () Delete
Name: DEARTH, JIM M.D.
Address: 1600 SEVENTH AVENUE SOUTH
City-St-Zip: BIRMINGHAM, AL 35233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WORLEY, STEVE
Address: 200 HENRY CLAY DRIVE
City-St-Zip: NEW ORLEANS, LA 70118

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG F. FISCHER

VCFO

03/31/2004

Electronic Signature of Signing Officer or Director

Date